STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	11662	A. BUILDING _____ B. WING _____	06/01/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CASA ROMANA II	1436 HEAVEN DRIVE, SPARKS, NEVADA ,89436

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RFG 0001-Deficiencies	The Statement of Deficiencies was generated as a result of a state licensure survey conducted in your facility, in accordance with Nevada administrative code, chapter 449, and Nevada revised statutes chapter 449- Residential Facility for Groups (RFG), medical facilities and other related entities. The findings and conclusions of any investigation by the Division of Health Care Purchasing and Compliance shall not be construed as prohibiting any criminal civil investigation, actions or other claims for reliefs that may be available to any party under applicable federal, state or local law. Based on an inspection conducted, the items marked below identify the violation in operation of the RFG which must be corrected by the revisit/compliance date specified in writing by the health authority. Failure to comply with this notice and immediately correct the identified deficiencies may result in the suspension or termination of your provider agreement, funding, or future authorization as a provider authorized by the State	RFG 0001-Deficiencies		

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	of Nevada pursuant to NAC 433.384, and other applicable local and state laws. Inspector Comments: This Statement of Deficiencies was generated as a result of an annual survey completed at your facility on 06/01/2026. The facility is licensed for five Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was five. Five resident files and four employee files were reviewed. The facility received a grade of A.			
Y 0172 SS= D	NAC 449.209 2. Containers used to store garbage outside of the facility must be kept reasonably clean and must be covered in such a manner that rodents are unable to get inside the containers. At least once each week, the containers must be emptied, and the contents of the containers must be removed from the premises of the facility. 3. Containers used to store garbage in the kitchen and laundry room of the facility must be covered with a lid unless the containers are kept in an enclosed cupboard that is clean and prevents infestation by rodents or insects. Containers used to store garbage in bedrooms and bathrooms are not required to be covered unless they are used for food, bodily waste or medical waste.	Y 0172	Backyard fence was restored/fixed immediately to ensure the safety of residents and staff.	07/20/2026

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	4. To the extentpracticable, the premises of the facility must be kept free from: (a) Offensive odors; (b) Hazards, including obstacles that impede the freemovement of residents within and outside the facility; (c) Insects and rodents; and (d) Accumulations of dirt, garbage and other refuse. 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. Inspector Comments: Based on observation and interview, the facility failed to ensure the back fencing of the facility were well maintained. Findings include: On 06/01/2026 at 9:42 AM the facility lacked well maintained fencing around the back yard. Two separate sections of the fence had missing boards, and the openings were covered with pieces of plywood that were being held in place with rocks. On 06/01/2026 at 9:42 AM the Owner confirmed that boards had been placed over the openings in the backyard fence and stated that repairs were “in the			

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	works." Severity: 2 Scope: 1			
Y 0515 SS= D	NAC 449.259 **Supervision of residents.** 1. A residential facility shall ensure that the staff of the facility collaborate with each resident of the facility, the family of the resident and other persons who provide care for the resident, including, without limitation, a qualified provider of health care, as interpreted by section 8 of this regulation, to: (a) Develop a person-centered service plan for the resident; and (b) Review the person-centered service plan at least once each year. 2. A person-centered service plan developed pursuant to this section must include, without limitation: (a) Provisions concerning activities of daily living, medication management, cognitive safety, assistive devices, special needs, social and recreational needs and involvement of ancillary services; (b) Protective supervision as necessary for the resident; (c) The manner in which all caregivers will be informed of the required supervision of the resident; (d) The manner in which the facility will ensure that the resident has the opportunity to attend the religious service of his or her choice and participate in personal and private pastoral counseling; (f) Permission for the resident to enter or leave the facility at any time if the resident: (1) Is physically and mentally capable of leaving the facility; and (2) Complies with the rules established by the administrator of the facility for leaving the facility; (g) Laundry services for the resident unless the resident elects in writing to make other arrangements; (h) The manner in which the facility will ensure that the resident's clothes are clean, comfortable and presentable;	Y 0515	Facility will make sure that each Resident care plan will be reviewed and updated, if possible, yearly to comply with the State Licensing regulations.	07/20/2026

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	(i) A requirement that the facility must inform the resident or his or her representative of the actions that the resident should take to protect the resident's valuables; (j) A written program of activities for the resident that includes scheduled and unscheduled activities that are suited to his or her interests and capacities; Inspector Comments: Based on observation, record review and interview, the facility failed to annually review person-centered service plans for 2 of 5 residents (Resident #4 and Resident #5). Findings include: Resident #4 Resident #4 was admitted to the facility on 11/29/2024, with diagnoses including hypothyroidism, dementia and asthma. Resident #4's clinical file lacked evidence of an annual review of the resident's person-centered service plan. Resident #5 Resident #5 was admitted to the facility on 12/07/2024, with diagnoses including hypertension, hyperlipidemia and dementia. Resident #5's clinical file lacked evidence of an annual review of the resident's person-centered service plan. On 06/01/2026 at 10:42 AM, the Caregiver, confirmed lack of documented evidence of an annual review of the resident's person-centered service plan for Resident #4 and Resident #5. Severity: 2 Scope: 1			
Y 0870	NAC 449.2742	Y 0870	Medication review was obtained from the	07/20/202

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SS= D	**Administration of medication: Responsibilities of administrator, caregiver and employees of facility.** 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident; and (2) Provides a written report of that review to the administrator of the facility. (b) Include a copy of each report submitted to the administrator pursuant to paragraph (a) in the file maintained pursuant to NAC 449.2749 for the resident who is the subject of the report. (c) Make and maintain a report of any actions that are taken by the		Pharmacy in order to comply with state regulations. Facility will make sure that Medication review is updated every 6 months.	6

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	caregivers employed by the facility in response to a report submitted pursuant to paragraph (a). Inspector Comments: Based on record review and interview, the facility failed to ensure a drug regimen review was conducted by a physician, pharmacist or registered nurse at least once every six months for 1 of 5 residents residing in the facility longer than six months (Resident #4). Findings include: Resident #4 Resident #4 was admitted to the facility on 11/29/2024, with diagnoses including hypothyroidism, dementia and asthma. Resident #4's clinical record lacked evidence of completed medication reviews every 6 months. On 06/01/2026 at 11:30 AM, the Caregiver, confirmed Resident #4's clinical files lacked medication reviews. The Caregiver confirmed that medication reviews were to be completed every six months. Severity: 2 Scope: 1			
Y 0890 SS= A	NAC 449.2744 **Administration of medication: Maintenance of logs and records; contents.** 1. The administration of a residential facility that provides assistance to residents in the administration of medications shall maintain: (a) A log for each medication received by the facility for use by a resident of the	Y 0890	Medication order must be written the same in the bubble pack and MAR to make sure that there is no Medication error. Monthly review of MAR will be conducted.	07/20/2026

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	facility. The log must include: (1) The type and quantity of medication received by the facility; (2) The date of its delivery; (3) The name of the person who accepted the delivery; (4) The name of the resident for whom the medication is prescribed; and (5) The date on which any unused medication is removed from the facility or destroyed. (b) A record of the medication administered to each resident. The record must include: (1) The type of medication administered; (2) The date and time that the medication was administered; (3) The date and time that a resident refuses, or otherwise misses, an administration of medication; and (4) Instructions for administering the medication to the resident that reflect each current order or prescription of the resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, whether the medication is to be administered according to a routine schedule or as needed; (5) Any change in an order or prescription of a resident's physician, physician assistant or advanced practice registered nurse, including, without limitation, the discontinuation of the medication; (6) Any time when the resident is out of the facility; and (7) Any mistakes made in the administration of medication. (Cross-reference to NAC 449.2742(5)) 2. The administrator of the facility shall keep a log of caregivers assigned to administer medications that indicates the shifts during which each caregiver was responsible for assisting in the administration of medication to a resident. This requirement may be met by including on a resident's medication sheet an indication of who assisted the resident in the administration of the medication, if the caregiver can be identified from this indication.			

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	Inspector Comments: Based on observation, record review and interview, the facility failed to ensure the Medication Administration Record (MAR) accurately documented physicians orders for 1 of 5 residents (Resident #4). Findings include: Resident #4 was admitted on 11/29/2024 with diagnoses including hypothyroidism, dementia and asthma. Resident #4's physician order documented, Vitamin D3 K2 1000 IU capsules. Take 2 caps by mouth daily with food for low Vitamin D. Resident #4's label prepared by the pharmacist documented, Vitamin D3 CAP 50 micrograms (mcg). Take 1 capsule by mouth once daily. Resident #4's (MAR) dated June 2026, documented Vitamin D5 50 (mcg) (2000 unit). Take 1 capsule by mouth daily with food for low Vitamin D. On 06/01/2026 at 1:03 PM, the Caregiver confirmed the facility failed to ensure the MAR accurately documented physicians orders. Severity: 1 Scope: 1			